

**LONSDALE CARES ACT ECONOMIC DEVELOPMENT  
GRANT PROGRAM POLICY / APPLICATION  
(RESIDENTIAL)**

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Applicant Name: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Is the property current on City taxes (if applicable)? \_\_\_\_\_

What Type of Assistance?

- Past Due Rent: \_\_\_\_\_
- Past Due Mortgage: \_\_\_\_\_
- Past Due Electrical Utility Bill(s): \_\_\_\_\_
- Funeral: \_\_\_\_\_
- Other (emergency needs): \_\_\_\_\_ - Type: \_\_\_\_\_

Amount of request: \$ \_\_\_\_\_

Explain in detail how your business has been affected by COVID-19:

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Explain the impact the award will have in terms of, business continuation and mitigation of financial difficulties:

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Have you applied for or received assistance from any other source?  Yes /  No

If so, what is the source and amount of assistance received?

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**GRANT PROGRAM POLICY**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**

I declare that the information provided in this application and on the accompany exhibits is true and complete to the best of my knowledge. The City of Lonsdale have the right to verify any information contained in this application and my contact any individuals and institutions involved with the proposed project.

Signature/Title of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*The City of Lonsdale retains final authority to determine if a business is eligible or not and whether to approve a grant or not.*

*For questions, contact Joel Erickson, City Administrator at (507) 744-2327 or  
[jerickson@lonstel.com](mailto:jerickson@lonstel.com)*